

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



March 7, 1995

ALL-COUNTY LETTER NO. 95-11

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: CA 8A (2/95), STATEMENT OF FACTS TO ADD A CHILD(REN) UNDER AGE 16

This letter transmits a revised copy of the CA 8A, Statement of Facts to Add A Child Under Age 16, which is a supplemental application/request form to add a child(ren) under age 16 to an existing cash aid and/or food stamp case. Counties have the option of using the CA 8A in lieu of the CA 8, Statement of Facts for Additional Persons. The CA 8A was revised primarily to eliminate the need for completion of the CA 64, Statement of Citizenship/Alien Status, when a CA 8A is completed and to include questions for Cal-Learn. Other format and narrative changes were made to improve the form. All changes to the form are outlined below.

STOCK/TRANSLATIONS

The CA 8A (2/95) is a master-only form; no state stock will be issued. Counties may call the Forms Management Unit at (916) 657-1984 or CALNET 437-1984 for a camera-ready copy of the CA 8A.

Copies of the Spanish and Asian language versions (Chinese, Lao, Cambodian, and Vietnamese) of the CA 8A will be forwarded to the County Forms Coordinators by the Language Services Bureau when the translations are available.

OUTLINE OF CHANGES TO THE CA 8A

- o The form's title has been revised from "Statement of Facts to Add A Child Under Age 16" to "Statement of Facts to Add A Child(ren) Under Age 16." The CA 8A was reformatted to permit a recipient to add two children on one form. The current form provides for the adding of one child.
- o The format on acquiring child-specific identifying information has been revised to parallel the format on the JA 2, Statement of Facts, Cash Aid and Food Stamps, and/or the SAWS 2, Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal.

- o The "Citizenship/Immigration Status" question was added to new Item 1 and Systematic Alien Verification Eligibility (SAVE) informing to the Certification Section. Because of these changes, the county will no longer be required to use the CA 64 when completing a CA 8A.
- o The County Use Only (CUO) sections for Items 1A and 1B parallel the CUO section for Item 3A-3E on the SAWS 2, except for a modification to identify a maximum family grant (MFG) child.
- o New Item 4 adds the Cal-Learn questions. Format and narrative parallel format and narrative on the SAWS 2.
- o Item 7 was reformatted to clarify informing and/or questions relating to the the availability of services for the Child Health Disability Prevention Program (CHDP), Family Planning Services, etc..
- o The Certification section has been language simplified and reformatted into two columns.
- o The narrative on who must sign the CA 8A (above the signature blocks) has been reformatted for clarity.

CONTACTS

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- o CA 8A or this letter: Elizabeth Allred at (916) 657-3350 or CALNET at 437-3350;
- o Food Stamp Program: Melissa Buchanan at (916) 654-8467 or CALNET at 464-8467;
- o Asian/Spanish translations: Shirley Lu at (916) 654-1277 or CALNET at 464-1277.

Sincerely,



BRUCE WAGSTAFF
Acting Deputy Director
Welfare Programs Division

Attachment

STATEMENT OF FACTS TO ADD A CHILD(REN) UNDER AGE 16

(Supplemental application and request for Cash Aid and/or Food Stamps)

INSTRUCTIONS:

Fill out this form for a new child(ren) in the home and sign the certification section.
If you need more space, attach another sheet of paper.

If you get Cash Aid, and you want aid for the new child(ren), this form must be filled out by the parent or adult caretaker relative.

For Food Stamp households which don't get or don't want to get Cash Aid, this form must be filled out by an adult household member or authorized representative.

**CHILD(REN) NEED
AID DUE TO
PARENT'S
(✓) BELOW FOR
EACH CHILD**

DEATH
DISABILITY
ABSENCE
UNEMPLOYMENT

COUNTY USE ONLY

CASE NAME

CASE NUMBER

WORKER NAME AND NUMBER

DATE RECEIVED

1. Parent's or Caretaker Relative's Name

Phone

()

A CHILD'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S NAME

SOCIAL SECURITY NUMBER

SEX (✓)

☐ M ☐ F

FATHER'S NAME

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

/ /

BLIND, DEAF, OR DISABLED?

☐ YES ☐ NO

TYPE OF AID REQUESTED:

☐ Cash Aid ☐ Food Stamps ☐ None

CITIZENSHIP/IMMIGRATION STATUS CHECK (✓)

☐ U.S. Citizen/National ☐ UndocumentedLawful alien: ☐ Sponsored ☐ Refugee ☐ Other

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

SFU AU FS Non-HH/Excluded Member Code

MFG Child?
☐ Yes
☐ No

Work Registration/Exemption

GAIN Status FS

Verified: ☐ SSN ☐ Age☐ Deprivation ☐ Citizen/Immigr.
☐ Blind/Deaf/Disabled ☐ SAVE**B** CHILD'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S NAME

SOCIAL SECURITY NUMBER

SEX (✓)

☐ M ☐ F

FATHER'S NAME

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

/ /

BLIND, DEAF, OR DISABLED?

☐ YES ☐ NO

TYPE OF AID REQUESTED:

☐ Cash Aid ☐ Food Stamps ☐ None

CITIZENSHIP/IMMIGRATION STATUS CHECK (✓)

☐ U.S. Citizen/National ☐ UndocumentedLawful alien: ☐ Sponsored ☐ Refugee ☐ Other

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

SFU AU FS Non-HH/Excluded Member Code

MFG Child?
☐ Yes
☐ No

Work Registration/Exemption

GAIN Status FS

Verified: ☐ SSN ☐ Age☐ Deprivation ☐ Citizen/Immigr.
☐ Blind/Deaf/Disabled ☐ SAVE**2. Did the child(ren) get cash aid or food stamps this month?**

IF "YES", complete below:

☐ YES ☐ NO☐ Verification provided

TYPE OF AID

WHERE (County, State)

Child A ☐ Cash Aid ☐ Food StampsChild B ☐ Cash Aid ☐ Food Stamps**3. Does the child(ren) get or expect to get any other income, such as: Earnings, SSI, Social Security Benefits, Child Support, Veterans Benefits, etc.**

IF "YES", complete below:

☐ YES ☐ NO☐ Verification provided

WHO	WHAT	AMOUNT (Before Deductions, If Any)	WHEN	HOW OFTEN	Income		(✓) if exempt	
		\$			Unearned	Earned	CA	FS: Adult Child
		\$						

4. Is the child(ren) pregnant or a teen parent?

IF "YES", complete below:

☐ YES ☐ NOVerified:
☐ Referred to Cal-Learn☐ Referred to GAIN

NAME

AGE

CHECK (✓) STATUS

☐ Pregnant ☐ Teen Parent

SCHOOL STATUS, CHECK (✓) STATUS

☐ High School Diploma ☐ GED ☐ Not Attending School (explain):☐ Currently Attending School ☐ Other (explain):

* The Social Security Act [Section 402(a)(25)] and the Food Stamp Act of 1977 (as amended by Public Law 97-98) say that you must give the county the Social Security Number (SSN) for anyone applying for Cash Aid and Food Stamps. If you refuse to give anyone's SSN or proof of application for his/her SSN, you won't be able to get aid for that person. SSNs are matched against records from tax, welfare, employment and the Social Security Administration for help determining eligibility and benefit levels. And SSNs are used to confirm income and resources; to prove the identity of a person(s); to be sure a person isn't getting aid in more than one case, in another county or state; to help the county make changes; and for program reviews and audits.

5. Does the child(ren) own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds, or other items? <input type="checkbox"/> YES <input type="checkbox"/> NO					COUNTY USE ONLY	
IF "YES", complete below:					<input type="checkbox"/> Verification provided	
WHO	TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS, OF BANK, ETC.	CURRENT VALUE	(✓) Check if exempt	
				\$	<input type="checkbox"/> CA <input type="checkbox"/> FS	
				\$	<input type="checkbox"/> CA <input type="checkbox"/> FS	
6. Does the child(ren) have health insurance, such as Blue Cross, Kaiser, Champus, etc., which is paid for by a parent or parent's employer? <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Verification provided	
IF "YES", list insurance coverage:					Health Coverage Code: A: _____ B: _____	
Child A		Child B				
7. A. If you can get cash aid, eligible members of your family under age 21 may be able to get some health examinations through the Child Health Disability Prevention Program (CHDP).					<input type="checkbox"/> CHDP brochure and explanation given	
• Do you want more facts about CHDP services? <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Referred	
• Do you want free CHDP medical or dental services?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Date: _____	
• Do you need help making appointments or getting to the doctor or dentist?..... <input type="checkbox"/> YES <input type="checkbox"/> NO						
B. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Other services referral	
C. Does anyone who is pregnant need to find a doctor, get medical transportation, and/or other help? <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Pregnant <input type="checkbox"/> Parent or Guardian of child under 5.	
D. Is anyone breastfeeding a child?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum	
IF "YES", was the birth within the last three months?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> WIC referral	
E. Do you want to get facts or services from a Family Planning Clinic to help you plan your family size and prevent unplanned pregnancies?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Family Planning info given	
					<input type="checkbox"/> Date Referred: _____	

CERTIFICATION

I understand that

- | | |
|---|--|
| <ul style="list-style-type: none"> • if I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility and aid payments, I may be fined, jailed/imprisoned, or both. I can be fined up to \$10,000 for cash aid and \$250,000 for food stamps. I can be sent to jail/prison for 5 years for cash aid and 20 years for food stamps. And benefits for cash aid and food stamps can be stopped for six months, twelve months, or forever. • my case can be picked for reviews to prove eligibility and that I must cooperate fully with county, state and federal personnel in any quality control review. | <ul style="list-style-type: none"> • the facts I give will be checked out by local, state and federal personnel. • the county will send facts to the Immigration and Naturalization Service (INS) for proof of immigration status. • the facts the county gets from INS may affect eligibility for cash aid and food stamps. • the facts I give will be checked with tax, welfare, employment agencies and the Social Security Administration to prove the child(ren)'s eligibility for cash aid or food stamps and that I am getting the right amount of cash aid or food stamps. |
|---|--|

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts is true, correct and complete.

WHO MUST SIGN THIS FORM: For Cash Aid, you and your aided spouse or the other parent of an aided child living in the home.
 For Food Stamps, an adult household member or authorized representative.

SIGNATURE OF CARETAKER RELATIVE AND/OR ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE SIGNED
SIGNATURE OF CASH AIDED SPOUSE OR OTHER PARENT OF CASH AIDED CHILDREN (IF LIVING IN THE HOME)	DATE SIGNED
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)			
<input type="checkbox"/> ELIGIBLE	Eligibility Conditions Met - Date: _____	Authorization Date: _____	Effective Date of Aid: _____
Signature of Eligibility Worker	Date	Signature of Supervisor	Date